STATEMENT OF

FORM 1	ORGANI (See instru			Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, ty over the lines	pe 12FE4M5	
Elliott for Con	gress			
		<u> </u>		
ADDRESS (number and	street) 124 W. Capitol Av	/e., Ste. 1630 		
(Check if address X is changed)				
	Little Rock		L AR [72201 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only or	ne e-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
	1			
2. DATE 0 1	31 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00475764	-	
4. IS THIS STATEM	IENT X NEW (N) O		(A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, co	orrect and complete	
Type or Print Name of	Treasurer Shelly Baron			
Signature of Treasurer	Electronically Filed by Shelly	Baron	Date 0 1	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	ise, erroneous, or incomplete information	n may subject the person signing t	•	
Office Use Only		For further information (Federal Election Con Toll Free 800-424	Commission I-9530	FEC FORM 1 (Revised 02/2009)